APPENDIX H

SCOPING MEETING SIGN-IN FORM



Kemmerer RMP Revision Public Scoping Meeting



Meeting Location	Meeting Date	Meeting Location	Meeting Date
First Name MI	Last Name	First Name MI	Last Name
Organization		Organization	
Phone	Email Address	Phone	Email Address
Mailing Address		Mailing Address	
City	State Zip Code	City	State Zip Code
How did you hear about this meeting?	Radio Newspaper Scoping Letter Other	How did you hear about this meeting?	Radio Newspaper Scoping Letter Other
Yes! Please add me to your mailing list.		Yes! Please add me to your mailing list.	
Kemmerer RN Public Scopia		Kemmerer RN Public Scopia	
Meeting Location	Meeting Date	Meeting Location	Meeting Date
First Name MI	Last Name	First Name MI	Last Name
Organization		Organization	
Phone	Email Address	Phone	Email Address
Mailing Address		Mailing Address	
City	State Zip Code	City	State Zip Code
How did you hear about this meeting?	☐ Radio ☐ Newspaper ☐ Scoping Letter ☐ Other	How did you hear about this meeting?	Radio Newspaper Scoping Letter Other
Yes! Please add me to your mailing list.		Yes! Please add me to your mailing list.	

Kemmerer RMP Revision

Public Scoping Meeting